Fall 2006

Kentucky Diabetes Connection

The Communication Tool for Kentucky Diabetes News

AACE
American Association of Clinical Endocrinologists Ohio Valley Chapter

ADA
American Diabetes Association

DECA
Diabetes Educators Cincinnati Area

GLADE
Greater Louisville Association of Diabetes Educators

JDRF
Juvenile Diabetes Research Foundation International

KADE
Kentucky Association of Diabetes Educators

KEC
Kentuckiana Endocrine Club

KDN
Kentucky Diabetes Network, Inc.

KDPCP
Kentucky Diabetes Prevention and Control Program

TRADE
Tri-State Association of Diabetes Educators

A Message from Kentucky Diabetes Partners

National Diabetes Educator of the Year from Kentucky!

Laura Hieronymus, National Diabetes Educator of the Year, with Eric Compton, LifeScan's President, at the American Association of Diabetes Educators (AADE) 2006 Annual Meeting

Notable Educators from Kentucky Working to Lead the Nation in Diabetes Education!

Pictured Left to Right: Deborah Fillman, American Association of Diabetes Educators (AADE) Treasurer and Board Member, Laura Hieronymus, AADE National Diabetes Educator of the Year, Patti Geil, AADE Board Member, and Kim DeCoste, newly elected AADE Board Member

Featured Inside this Issue:

If you would like to be added to the mailing list to receive this newsletter, please contact: Kentucky Diabetes Connection, P.O. Box 309, Owensboro, KY 42302-0309 or Phone: 270-686-7747 ext: 3031 or Email: janice.haile@ky.gov

National Diabetes Educator of the Year Award Presented to Educator from Kentucky!

From the cover page

Source: AADE Daily News

Laura Hieronymus

Since her early days as a nurse, Laura Hieronymus, MSEd, APRN, BC-ADM, CDE, seemed destined to become a diabetes educator.

In August of 2006 the American Association of Diabetes Educators (AADE) recognized her efforts throughout the past 20 years by naming Hieronymus National Diabetes Educator of the Year!

The award winner got her first taste of diabetes education when her dad, a pharmacist in rural Kentucky, struggled to teach his clients to properly use their testing meters.

"In the early 1980s, I began to think more about diabetes and how I could help," Hieronymus said. "Back then meters were the size of a brick and had a lot of steps and a lot of potential for error. So my dad would pay me to teach people how to use their meters. I guess as some people say, the rest is history."

Hieronymus, who was diagnosed with type 1 diabetes when she was 15, would go on to develop an ADA Recognized Program, as the program coordinator and teach diabetes education at a local hospital in Lexington, Ky., for 13 years.

Then in 1998, Hieronymus partnered with colleague Patti Geil, MS, RD, FADA, CDE, to provide diabetes self-management education in a physician office setting, and started a private practice which is an ADA Recognized Education Program. She said she would not be so successful in her efforts without the efforts of Geil and Stacy Griffin, PharmD, and their physician colleagues in the medical and endocrinology practice at Drs. Borders & Associates, PSC in Lexington, Ky.

"They exemplify the absolute best of a multi-disciplinary team," Hieronymus said. "It's a plus that our physicians are well versed and understand the need for diabetes self-management education and training."

According to her colleagues, who nominated Hieronymus for the award, her success as an educator also comes from her listening skills.

"I think to listen to someone, you have to truly care about what it is that they want to say, need to say, or have to say," she said. "I am by no means perfect, but I do care about people and their concerns. My experience tells me that is what is really important. You can't tell patients what to do. You have to listen and understand what they are willing to do before you can really help them make positive changes for their diabetes health."

"One of the things we've learned with behavior change is that if we listen to our patients, then they help us decide what works best for them."

Hieronymus said she appreciates the award and in many ways was overwhelmed by the support of the organization.

"When you think of the Diabetes Educator of the Year; you hope that person exemplifies the persona of all the talented diabetes educators across the nation," she said. "That's what I want — not just share what I do but also what I've learned from other diabetes educators and what has made me a better educator."

Kentucky Board of Nursing Responds to Question Regardng Position Paper Which Will Include Diabetes Delegation Issues in Schools

As follow up to previous articles printed within this newsletter regarding diabetes issues in Kentucky schools (Spring 2005 and Spring 2006), the following response was received from the Kentucky Board of Nursing when they were asked the status of the development of an updated position paper to address the administration of medications by unlicensed persons, which would include the provision of medications (insulin) for children in the school setting.

The following is the response from the Board of Nursing:

During the KBN Practice Committee meeting scheduled for November 16, 2006, the Committee will address a plan for when and how to go about developing this position paper. I still anticipate that a specific meeting may be scheduled in the future to give ample time for discussion of this topic. After the November 16th meeting, I will have more information. Please contact me again.

Bernadette M. Sutherland, RN, MSN
Nursing Practice Consultant
KY Board of Nursing

WATCH UPCOMING ISSUES OF THIS NEWSLETTER FOR MORE INFORMATION REGARDING THIS TOPIC!

EXUBERA® CASE STUDIES

Submitted by: Raymond Reynolds, MD, FACP, FACE,
Beth Holden, RN, MSN, CDE, and
Sheri Setser-Legg, MS, RD, LD, CDE,
University of Kentucky, Lexington, KY

Exubera® has recently become available for management of hyperglycemia in adults with type 1 or type 2 diabetes. This new form of insulin therapy is delivered by an oral inhaler into the pulmonary bed providing an alternative to insulin injections. The onset is similar to injected rapid-acting insulin analogs with a duration comparable to injected regular insulin.

At the University of Kentucky, we have initiated Exubera® therapy for patients with both Type 1 and 2 diabetes. The education process is critical to the successful initiation of Exubera®, including demonstrating each step in the administration of an inhaled dose, maintenance of the inhaler as well as guidance in dose titration. Appropriate patient selection is important, including evaluation of pulmonary function with spirometry and excluding smokers. The following case studies illustrate our initial experiences with Exubera®.

Case Study # 1
54 year old male with Type 2 diabetes on oral agents with hemoglobin A1c at 7.9%. Options were discussed and the patient elected to start Exubera® with meals in addition to his oral agents. An initial dose of 1 mg was titrated to 3 mg with each meal. Patient reported improvements in both fasting and postprandial blood glucose levels meeting the American Diabetes Association's Standards of Care without hypoglycemia or other adverse events.

Case Study # 2
67 year old male with longstanding Type 1 diabetes managed by an insulin pump. Patient elected to discontinue the insulin pump therapy to try this new therapy. Patient was started on basal insulin with Exubera® at meals. Initial Exubera® dose was based on patient's insulin-to-carbohydrate ratio. Patient reports blood sugar control similar to previous therapy without side effects.

Case Study # 3
35 year old white male with Type 1 diabetes on multiple daily insulin injections. Patient was considering both pump therapy and Exubera®. Patient replaced rapid-acting insulin analog injections with Exubera®. Patient had required large pre meal doses of rapid acting insulin, so initial Exubera® dose was 9 mg per meal. Patient achieved adequate blood sugar control but elected to discontinue therapy due to inconvenience of multiple inhalations before each meal.

Summary
Exubera® has proven to be an effective alternative therapy to insulin injections that overcomes the barriers of injections and improves the outlook for patients with diabetes.

EXUBERA® AVAILABILITY

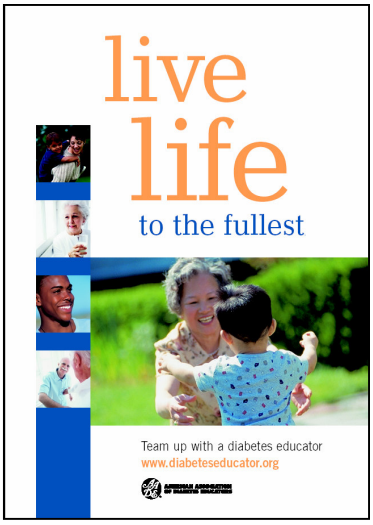
Submitted by: Laura Quinn, Pfizer Representative, Lexington, KY
(taken in part from letter by Cathryn Clary, MD,
Senior Vice President, US Medical, Pfizer Inc)

According to Cathryn M. Clary, MD, Senior Vice President, US Medical, Pfizer Inc., Exubera® was made available in U.S. pharmacies beginning in September 2006. However, since Pfizer expects a large demand for Exubera® initially, Pfizer sales representatives will work to educate a small group of physicians and associated educators who treat the most patients with diabetes. Generally, these will be diabetologists, endocrinologists, and diabetes educators who care for significant numbers of patients with diabetes. Their clinical experience with Exubera® in this early period will be shared with the broader physician and educator community as Pfizer expands educational outreach to more health care professionals through the end of the year and into 2007.

To learn more about Exubera®, you may contact the Exubera® Center at 1-800-EXUBERA. The Exubera® Center is staffed with health care professionals 24-hours a day, 7 days a week.

BROCHURES AND POSTERS TO PROMOTE DIABETES EDUCATORS OFFERED FREE

To help diabetes educators and advocates spread the word about the importance of diabetes education, American Association of Diabetes Educators (AADE) is offering its members **free** copies of AADE's *Live life to the fullest: Team up with a diabetes educator* brochures and posters. These products can be used during National Diabetes Educators week as well as throughout the year. To obtain your copies, contact AADE:



American Association of Diabetes Educators,
100 W. Monroe Street
Suite 400
Chicago, Illinois 60603
Ph: (800) 338-3633
Fax: (312) 424-2427
www.diabeteseducator.org

KENTUCKY DIABETES TREND DATA REVEALS STRONG PROGRESS YET ROOM FOR IMPROVEMENT AS FLU SEASON ARRIVES

Submitted by: Janice Haile RN, BSN, CDE and Teri Wood PhD
Kentucky Department for Public Health,
Kentucky Diabetes Prevention and Control Program

Along with the leaves turning and the weather getting cooler, the fall of 2006 brings a special opportunity to focus on two significant diabetes care areas, influenza & pneumococcal vaccines and dilated eye exams. November has been declared American Diabetes Month by the American Diabetes Association as well as Diabetic Eye Disease Month by Prevent Blindness America. These important November health designations afford health professionals an opportunity to educate Kentuckians about diabetes and what they can do to live healthier lives with this disease.

Kentuckians of all ages and backgrounds live with diabetes. An estimated 376,000 Kentuckians have diabetes, with more than 109,000 of these individuals being undiagnosed. Kentucky ranks 7th (tied with two other states) in the nation for the highest percentage of the adult population diagnosed with diabetes (*Kentucky Diabetes Prevention and Control Program -- 2005 Fact Sheet based upon BRFSS data*). For Kentuckians living with diabetes, appropriate medical care and self management are crucial to maintaining a healthier life despite the disease.

In the past decade, Kentuckians with diabetes and their health care providers have made significant improvements toward meeting the American Diabetes Association's (ADA) clinical practice recommendations for annual Influenza vaccination and dilated eye exams, as well as lifetime recommendations for Pneumococcal vaccinations. In this article, data documenting the coverage rates for these standards of care as well as opportunities to further improve care, are discussed.

Table I shows that since 1993, the age adjusted rate for Kentuckians with diabetes receiving an annual influenza vaccination has increased from only 30% to slightly over 50% -- an increase of 67%. Vaccination rates have increased across all categories, male, female, 18-64 and 65 and older, with this oldest age group having the highest rate of vaccination at 74%.

Unfortunately, almost half of the Kentuckians with diabetes have not received the needed vaccination. In the *August, 2006, edition of Diabetes Care*, a new study reaffirmed that adults with diabetes benefit from having a flu vaccination every year, regardless of age. A Dutch research team reported that both first and repeat influenza vaccinations reduce all-cause mortality and hospitalizations for complications of respiratory infections. Investigators reported that influenza vaccination was associated with a 56 percent reduction in any complication, a 54 percent reduction in hospitalizations, and a 58 percent reduction in deaths. These data, illustrate the value of annual influenza vaccination in adults with diabetes, as is currently recommended by the American Diabetes Association's 2006 Clinical Practice Recommendations.

Table II shows that the rate of pneumococcal vaccination among Kentuckians with diabetes has also shown a dramatic increase since 1993, with the age adjusted rate increasing 95% between 1993 (21.1%) and 2004 (41.1%). Similarly to the rates of flu vaccination, the increased rates of pneumococcal vaccination are positive. However, with almost 60% of the Kentuckians with diabetes lacking the vaccination, there is clearly room for improvement.

Since the fall and winter months will bring with them new cases of flu and pneumonia, now is a great time to plan special initiatives to reach Kentuckians who have diabetes. For example, health care providers could consider sending out letters to all their diabetes patients explaining how dangerous flu and pneumonia can be for people with diabetes with recommendations that they get these important vaccinations. Providers may also consider instituting diabetes standing orders to make immunizations a routine part of the office health care regimen. A sample of "Diabetes Standing Orders", which includes immunizations, was recently updated by the Kentucky Diabetes Network (KDN) Health Plan Partners. This tool can be downloaded from the KDN website at www.kentuckydiabetes.net (click *Diabetes Standing Orders*).

Other health professionals and diabetes educators may consider offering flu and/or pneumonia vaccines at diabetes events. In addition, public education and media releases regarding diabetes and the importance of flu and pneumonia vaccination would be beneficial. Free posters and brochures may be ordered from www.cdc.gov/flu/professionals/patiented.htm or by calling CDC at 1-800-232-2522 (request a CD with flu & pneumonia educational materials).

Another diabetes complication being highlighted in the month of November is diabetic eye disease. Diabetic retinopathy is the most common form of diabetic eye disease and the leading cause of blindness in adults. Finding and treating retinopathy early, before it results in a loss of vision or blindness, is the best way to treat diabetic eye disease. This is best accomplished by regular dilated eye exams.

Table III shows the rate of annual dilated eye exams from 1995 to 2004 among Kentuckians with diabetes. Once again, the trend data shows significant progress over the years with an adjusted rate of 55.6 in 1995 compared to 65.5 in 2004; however, with over 1/3 of Kentuckians with diabetes not getting the recommended dilated eye exam, there is much room for improvement. It is very important for Kentucky practitioners and diabetes educators to take steps to ensure that persons with diabetes understand the importance of, and receive, this critical exam.

The Kentucky Diabetes Network (KDN) Health Plan Partners recently developed a diabetes and eye disease brochure that includes a form to assist the medical provider in obtaining reports of dilated eye exams from the eye doctor. Free copies of this brochure may be obtained by contacting the Kentucky Diabetes Network through the Kentucky Diabetes Prevention and Control Program at 502-564-7996 (ask for Lonna Fraine) or email lonna.fraine@ky.gov or download the brochure at www.kentuckydiabetes.net click *Protect Your Vision*. Other useful phone numbers include the American Diabetes Association 1-800-DIABETES, the American Academy of Ophthalmology's Eye Care America 1-800-628-6733 and the American Optometric Association's Diabetes Referral Line1-800-262-3947.

Continuing to make improvements in the numbers of Kentuckians with diabetes who receive a flu and or pneumonia vaccine as well as a dilated eye exam, will depend upon all of us working collectively. Mark your calendars to increase your efforts to improve Kentucky's outcomes in these critical areas. A person's life or sight may be depending on it!

Note:
Further Kentucky Diabetes Data may be found in *The Impact of Diabetes on the Commonwealth of Kentucky, 2005*. This publication is available on the Kentucky Diabetes Prevention and Control Program's website www.chfs.ky.gov/dph/ach/diabetes or by contacting Lonna Fraine at lonna.fraine@ky.gov or 502-564-7996 (ask for Lonna Fraine).

Table I	**Year**	**Rates of an Influenza Vaccination in the Last Year per 100 Adults with Diabetes, by State, United States, 1993–2004**					
		Male	**Female**	**18-64**	**65+**	**Crude Rate**	**Age Adjusted Rate**
Kentucky	**1993**	36.1	30.2	28.1	40.3	32.9	30.2
Kentucky	**2004**	61.8	50.2	45.6	74.4	56.1	50.5

Table II	**Year**	**Rates of a Pneumococcal Vaccination per 100 Adults with Diabetes, by State, United States, 1993–2004**					
		Male	**Female**	**18-64**	**65+**	**Crude Rate**	**Age Adjusted Rate**
Kentucky	**1993**	32.3	11.9	21.3	20.2	20.9	21.1
Kentucky	2004	46.5	49.4	35.0	70.6	47.9	41.1

Table III	**Year**	**Rates of a Dilated Eye Exam in the Last Year per 100 Adults with Diabetes, by State, United States, 1995-2004**					
		Male	**Female**	**18-64**	**65+**	**Crude Rate**	**Age Adjusted Rate**
Kentucky	**1995**	56.2	59.5	54.0	63.5	58.1	55.6
Kentucky	**2004**	68.0	67.9	63.2	76.5	68.0	65.5

Trend Data in above charts from the Centers for Disease Control and Prevention (CDC) National Diabetes Surveillance System available through http://www.cdc.gov/diabetes/statistics/index.htm which is based upon the Behavior Risk Factor Surveillance System (BRFSS) data.

KENTUCKIANA HEALTH ALLIANCE QUALITY IMPROVEMENT CONSORTIUM (KHAQI-C) OFFERS GUIDELINES FOR DIABETES

Submitted by: Reita Jones RN, BSN, State Staff Kentucky Diabetes Prevention and Control Program, KY Department for Public Health, KDN, KADE Member

A consortium of key healthcare stakeholders in the Louisville area is working collaboratively to promote best practices and improve patient care in our region. The Kentuckiana Health Alliance Quality Improvement Consortium (KHAQI-C) is comprised of healthcare providers, health plans, hospitals, employers, government, labor unions, non-profit advocacy groups including Greater Louisville Medical Society, and other healthcare stakeholders.

As its first collaborative effort, KHAQI-C jointly created the 2006 Guideline for the Management of Adult Diabetes, which is being promoted by all stakeholders and is available on the Kentuckiana Health Alliance website under KHAQI-C Taskforce. By creating alignment with local organizations, physicians receive one common guideline. With the goal of improving care system-wide, the guideline is based on national standards and includes recommended lab tests, exams, medical checks, and essential patient education.

As its second collaborative effort, a Consolidated Measurement Report on diabetes care will be created and distributed to primary care physicians that care for a minimum of five adults diagnosed with diabetes. Individual payers will provide data derived from their annual Diabetes HEDIS submissions on A1c testing rates, A1c uncontrolled rates (where data is available), LDL testing rates, LDL control rates (where data is available), eye exam rates, and nephropathy testing rates. This more accurate, consolidated physician feedback report will allow individual physicians to privately compare their data to a regional average and benchmark. The consolidated data will not include patient identifiers and will comply with the protocol of the Health Insurance Portability and Accountability Act.

Seven counties have been selected for the regional area of focus for the 2006 KHAQI-C project: Jefferson, KY; Oldham, KY; Bullitt, KY; Floyd, IN; Clark, IN; Harrison, IN, & Scott, IN. In 2007, the Kentucky Health Quality Agenda and KHAQI-C plan to expand the program to the entire state of Kentucky. Diabetes was the first clinical area of focus selected, but additional conditions are planned for future years. A corresponding patient guideline is planned to educate patients on facts and appropriate treatment, management, and self-care.

This project is modeled after the Kansas City Quality Improvement Organizations (KCQIC) model, which achieved impressive community-wide improvements in clinical measures. KHAQI-C expects to see similar improvements in the Louisville area and will release their baseline community-level data to the public, when it becomes available.

If you would like to learn more about KHAQI-C, please visit the website at www.kentuckianahealthalliance.org or contact either of the Project Directors, Randa Deaton or Mary Lyle, at 502-238-3601. If you have questions and/or comments regarding any clinical issues, please contact Jeffrey Rice, MD at 859-273-9700.

US DIABETES PREVALENCE EXPECTED TO DOUBLE BY 2050

SOURCE: Diabetes Care, September 2006

By 2050, 12 percent of US citizens will have diabetes, a total of 48.3 million people, federal health officials from the Centers for Disease Control and Prevention in Atlanta estimate. In fact they warn that the number could be higher if the rate of obesity among Americans continues to rise.

"If incidence rates continue to rise, the impact on future numbers of Americans with diabetes, and consequent health care costs, will be much more devastating," Dr. K. M. Venkat Narayan and colleagues from the CDC's Division for Diabetes Translation wrote in the September edition of Diabetes Care, an American Diabetes Association (ADA) professional journal.

In a 2003 report, Narayan's team had estimated that the number of people with diabetes in the US would rise to 39 million by 2050. But an increase in diabetes cases since the 2003 report, as well as a drop in deaths due to diabetes, made a new estimate necessary.

In 2005, 16.2 million people had a diagnosis of diabetes, for a prevalence of 5.62 percent. Total prevalence is expected to more than double from 2005 to 2050, from 5.62 percent to 12.0 percent, the team reports. The greatest increases in rates of diabetes are expected among older individuals. The number of people with diabetes aged 65 to 74 is expected to more than triple by 2050, while a five-fold increase is expected among people 75 and older.

Minorities will also face a great burden, the researchers project. While the number of whites with diabetes will double, the number of African-Americans with diabetes is expected to triple by 2050 and the number of Hispanics (with diabetes) is likely to rise nearly six-fold.

The "alarming" figures underscore the need for making diabetes prevention an "urgent national priority," the investigators conclude.

Note: As a supplement to an article in the last issue of this newsletter, the following physicians who meet NCQA Diabetes Recognition whose practices are located in Kentucky's bordering cities is printed below.

THE DIABETES RECOGNITION PROGRAM THROUGH THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) PROVIDED THIS DIRECTORY WHICH LISTS PHYSICIANS IN KENTUCKY'S BORDERING CITIES WHO HAVE DEMONSTRATED THAT THEY MEET IMPORTANT DIABETES STANDARDS OF CARE.

For more information contact the National Committee for Quality Assurance, 2000 L Street NW, Suite 500, Washington, DC 20036, (202) 955-3500.

Indiana Cities Bordering KY

New Albany:

Broadstone, Vasti
Mokshagundam, SriPrakash
Southern Indiana Diabetes & Endocrinology Specialists, PC
1850 State Street
New Albany, IN 47150

Evansville:

Allega, John
Iqbal, Kashif
Vix, Vernon
Welborn Clinic—Eastside
4411 Washington Avenue
Evansville, IN 47714

Anderson, Thomas
Bieker, Mary
Chandler, Jeffrey
Gay, Daniel
Graves, Mark
Judy, Lawrence
Thieneman, Andrew
Tindell, Glenn
Welborn Clinic—Downtown
421 Chestnut Street
Evansville, IN 47713

Conway, Mark
Grossman, Darla
Kincaid, Richard
Rogan, Angela
Welborn Clinic—Westside
545 South Boehne Camp Rd.
Evansville, IN 47712

Vincennes:

Bridges, Jane
Welch Diabetes Center
700 Willow St., Ste. 200
Vincennes, IN 47591

Ohio Cities Bordering KY

Cincinnati:

Ambe, Aparna
TriHealth Physician Practices—Colerain
619 Oak Street
Cincinnati, OH 45026

ADA / NCQA
★★★★
DIABETES

CONGRATULATIONS!!

Bajaj, Vina
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7810 Five Mile Road
Cincinnati, OH 45255

Barnes, Daniel
Cremer, Guillermo
Greater Cincinnati Associated Physicians, Inc.—Neeb
672 Neeb Road
Cincinnati, OH 45233

Bateman, Joseph
Freeman, Tim
Alliance Primary Care—Ruther
3306 Ruther Avenue
Cincinnati, OH 45220

Bibler, Mark
Candadai, Niranjana
Alliance Primary Care—MAB6
222 Piedmont Ave., Ste. 6000
Cincinnati, OH 45219

Bort, Thaddeus
Donnelly, Walker
The Family Medical Group, LLC
6331 Glenway Avenue
Cincinnati, OH 45211

Brengle, Douglas
Craig, Arthur
Alliance Primary Care—Oakley
4631 Ridge Ave., Suite #B
Cincinnati, OH 45209

Cardone, M.
Greater Cincinnati Associated Physicians, Inc.—Westbourne
3301 Westbourne Dr., Ste 104
Cincinnati, OH 45248

Cincinnati Group Health Associates
2915 Clifton Avenue
Cincinnati, OH 45220

Cohen, Robert
University Internal Medicine Associates
D'Alessio, David
University of Cincinnati Division of Endocrinology
222 Piedmont Ave., Ste 4300
Cincinnati, OH 45219

Cottongim, Toni
Greater Cincinnati Associated Physicians, Inc. —Western Hills
2859 Boudinot Avenue
Cincinnati, OH 45238

Craig, Jeff
Alliance Primary Care—MOB 520
2123 Auburn Ave., Ste. #520
Cincinnati, OH 45219

Eger, Charles
Alliance Primary Care—Wyoming
12205 Wolf Road
Cincinnati, OH 45215

Fixler, Don
Diabetic Services of Cincinnati
4411 Montgomery Road
Cincinnati, OH 45212

Frankowski, Amy
Alliance Primary Care—Wyoming
1207 Springfield Pike
Cincinnati, OH 45215

Frecka, James
Alliance Primary Care—Kenwood 206
4750 E. Galbraith Rd., Ste. 206
Cincinnati, OH 45236

Greenberg, Bruce
Alliance Primary Care—Kenwood 207
4750 E. Galbraith Rd., Ste. 207
Cincinnati, OH 45236

Hancher, Douglas
Springdale Family Medicine
Cincinnati, OH

Tennessee Cities Bordering KY

Hermitage
(None in Nashville)

Summit Medical Associates, P.C.
5653 First Boulevard, #630
Hermitage, TN 37076

West Virginia Cities Bordering KY

Huntington Area

Joslin Diabetes Center Affiliate at St. Mary's Medical Center
2900 First Avenue
Huntington, WV 25702

West Virginia University Hospitals
One Medical Center Drive
P.O. Box 8133
Morgantown, WV 26506

Midwest Chronic Kidney Disease Coalition Established —Invites Diabetes Educators to Join

***Submitted by:** Lisa Allgood, Executive Director, National Kidney Foundation of Kentucky, KDN Member*

A Chronic Kidney Disease Multi-State Coalition has been formed and is encouraging diabetes educators and advocates to also become involved. Since diabetes is a leading cause of kidney failure and many of the Kidney Coalition's initiatives go hand in hand with diabetes initiatives, partnering with the Kidney Coalition is a natural fit. Specifically, one item that the Kidney Coalition is involved with is glomerular filtration rate (GFR) reporting. In fact, the Kidney Coalition has a position paper they have developed regarding GFR reporting by laboratories (also printed within this newsletter).

Chronic kidney disease (CKD) is a common, progressive health problem. One in nine adults have CKD and most don't even know it. CKD can be prevented in many at risk populations, and CKD's progression can be delayed in those individuals who already have the disease. Good control of hypertension, diabetes, and cholesterol are all modifiable factors in individuals who are at risk or who already are diagnosed with CKD.

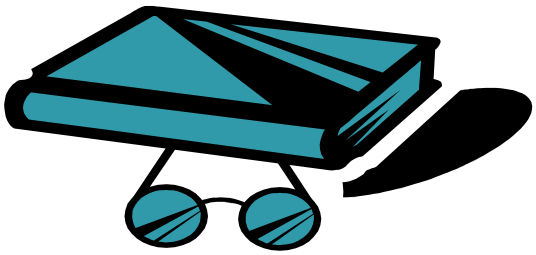
Identification is the first step. The National Kidney Foundation Kidney Disease Quality Initiative (KDOQI) is a science based study which classifies five stages of kidney function using the glomerular filtration rate (GFR). GFR indicates the ability of the kidneys to filter, as a measure of kidney function. The guidelines stress that patients and physicians know about GFR in order to understand the level of risk, extent of disease, and treatment options.

The ***Midwest Chronic Kidney Disease Coalition*** was formed in November 2005 and is comprised of members from Kentucky, Indiana, Ohio, and Illinois. The goal of the Coalition is "to improve access to care and quality of care for patients with Stage 3 and 4 chronic kidney disease through recommended changes in process." The Coalition has three subcommittee work groups: Education and Quality Improvement, Reimbursement, and Identification of CKD. To date, the Coalition has held a payers summit and written a position paper on GFR reporting by laboratories.

The Coalition is comprised of a diverse group of professionals who all have a "stake" in the care of CKD patients. The Executive Directors of the National Kidney Foundation of all four represented states are active in the Coalition efforts. Membership also includes leaders from provider organizations, nephrologists, payers, government, and quality oversight organizations.

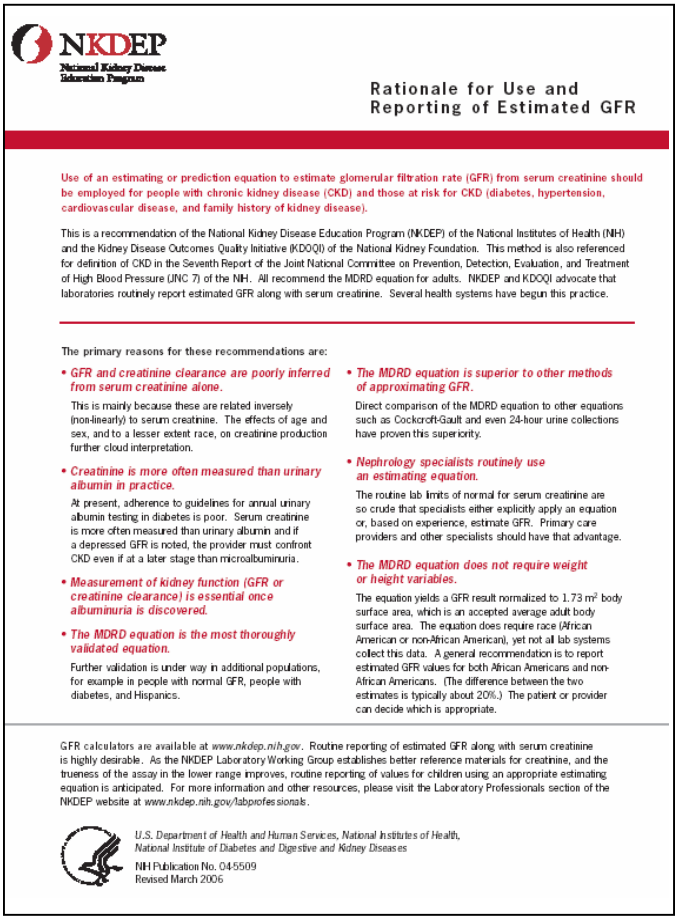
The ***Midwest Chronic Kidney Disease Coalition*** invites diabetes educators and advocates to join its efforts to promote a quality initiative which focuses on the care of people with CKD in our region. The Kidney Coalition recognizes the diabetes interest and expertise in health care quality improvement**. If you are interested in learning more about our kidney coalition and its efforts, please contact me, Lisa Allgood, at 502-585-5433 or lallgood@nkfk.org.**

Information for this article was found in the GFR Expert Group Report.



Free Kidney Resource Available

For more information and other resources like this one, please visit the Laboratory Professionals section of the NKDEP website at www.nkdep.nih.gov/labprofessionals.
NIH Publication No. 04-5509
Revised March 2006



NKDEP
National Kidney Disease Education Program

Rationale for Use and Reporting of Estimated GFR

Use of an estimating or prediction equation to estimate glomerular filtration rate (GFR) from serum creatinine should be employed for people with chronic kidney disease (CKD) and those at risk for CKD (diabetes, hypertension, cardiovascular disease, and family history of kidney disease).

This is a recommendation of the National Kidney Disease Education Program (NKDEP) of the National Institutes of Health (NIH) and the Kidney Disease Outcomes Quality Initiative (KDOQI) of the National Kidney Foundation. This method is also referenced for definition of CKD in the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) of the NIH. All recommend the MDRD equation for adults. NKDEP and KDOQI advocate that laboratories routinely report estimated GFR along with serum creatinine. Several health systems have begun this practice.

The primary reasons for these recommendations are:

- *GFR and creatinine clearance are poorly inferred from serum creatinine alone.*
  This is mainly because these are related inversely (non-linearly) to serum creatinine. The effects of age and sex, and to a lesser extent race, on creatinine production further cloud interpretation.
- *Creatinine is more often measured than urinary albumin in practice.*
  At present, adherence to guidelines for annual urinary albumin testing in diabetes is poor. Serum creatinine is more often measured than urinary albumin and if a depressed GFR is noted, the provider must confront CKD even if at a later stage than microalbuminuria.
- *Measurement of kidney function (GFR or creatinine clearance) is essential once albuminuria is discovered.*
- *The MDRD equation is the most thoroughly validated equation.*
  Further validation is under way in additional populations, for example in people with normal GFR, people with diabetes, and Hispanics.
- *The MDRD equation is superior to other methods of approximating GFR.*
  Direct comparison of the MDRD equation to other equations such as Cockcroft-Gault and even 24-hour urine collections have proven this superiority.
- *Nephrology specialists routinely use an estimating equation.*
  The routine lab limits of normal for serum creatinine are so crude that specialists either explicitly apply an equation or, based on experience, estimate GFR. Primary care providers and other specialists should have that advantage.
- *The MDRD equation does not require weight or height variables.*
  The equation yields a GFR result normalized to 1.73 m^2 body surface area, which is an accepted average adult body surface area. The equation does require race (African American or non-African American), yet not all lab systems collect this data. A general recommendation is to report estimated GFR values for both African Americans and non-African Americans. (The difference between the two estimates is typically about 20%.) The patient or provider can decide which is appropriate.

GFR calculators are available at *www.nkdep.nih.gov*. Routine reporting of estimated GFR along with serum creatinine is highly desirable. As the NKDEP Laboratory Working Group establishes better reference materials for creatinine, and the trueness of the assay in the lower range improves, routine reporting of values for children using an appropriate estimating equation is anticipated. For more information and other resources, please visit the Laboratory Professionals section of the NKDEP website at *www.nkdep.nih.gov/labprofessionals*.

U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases

NIH Publication No. 04-5509
Revised March 2006

National Kidney Disease Education Program (NKDEP)

Submitted by: Deborah Fillman, MS, RD, LD, CDE, Kentucky Diabetes Prevention and Control Program, Green River District Health Department, TRADE, KDN, ADA Member

I recently had the opportunity to attend the NKDEP Coordinating Panel Meeting representing the American Association of Diabetes Educators (AADE) (in the absence of AADE's representative, Lois Hill, RD). The coordinating panel consists of more than 30 voluntary and professional organizations actively engaged in activities around kidney disease and its risk factors. Meeting summaries can be found on the NKDEP website. It was a rewarding experience to learn how we can all work together to help prevent, educate and hopefully make an impact on both diseases!

The parallels between diabetes and kidney disease in the United States are frightening! As you know, it is estimated that 20.8 million Americans have diabetes. It is also estimated that 20 million Americans have kidney disease. Diabetes has been cited as a public health issue…now, kidney disease is being touted as a public health issue as well.

The National Diabetes Education Program (NDEP) exists for diabetes and the National Kidney Disease Education Program (NKDEP) exists for kidney disease. NKDEP began approximately 5 years ago and in many ways is similar to the National Diabetes Education Program. NKDEP is an initiative of the National Institutes of Health designed to reduce the morbidity and mortality caused by kidney disease and its complications.

Why do we need a National Kidney Disease Education Program? First, kidney failure is a public health problem. About 8 million Americans have a glomerlular filtration rate less than 60 ml/minute/1.73m2 with an additional 11 million Americans having a GFR over 60 but with persistent microalbuminurea. Secondly, the program is promoting economical, effective testing and therapy. Thirdly, testing and therapy are inadequately applied.

The objectives of NKDEP are to increase awareness of the seriousness of kidney disease and its risk factors, the importance of testing those at high risk, and the availability of treatment to prevent or slow the progression of kidney failure.

Their approach is through secondary and tertiary prevention for early detection of Chronic Kidney Disease and slow progression to end stage renal disease. They are doing this through public education and system-level initiatives and partnerships for dissemination. The target audiences are patients at risk with focus on African Americans and Hispanics (particularly those with diabetes, high blood pressure or a family history of kidney failure), the clinical lab community and primary care providers.

NKDEP activities include publication and dissemination of audience specific resources (African Americans—disproportionately affected due to a high prevalence of diabetes and high blood pressure and low awareness of kidney disease risk factors, Hispanics—also thought to be disproportionately affected, and family members of dialysis patients).

In addition, there is a laboratory initiative with two main goals. The first goal is to encourage routine reporting of eGFR (estimated glomelular filtration rate). **Many times serum creatinine (alone) is used to assess kidney function when eGFR can better detect impaired kidney function.** The prevalence of routine reporting is unknown at this point. NKDEP is conducting a survey of labs doing routine chemistry testing. The second goal is to facilitate standardization of serum creatinine measurement. **NKDEP is leading a global effort to improve serum creatinine measurement thereby improving the accuracy of eGFR.** NKDEP's "Lab Working Group" is targeting stakeholders to facilitate creatinine standardization (manufacturers, clinical laboratories, proficiency testing providers).

NKDEP is an exciting effort toward the prevention and treatment of chronic kidney disease. I would encourage all those involved in diabetes education to become familiar with the National Kidney Disease Education Program (NKDEP) by visiting their website, www.NKDEP.nih.gov. There is a wealth of information and resources to assist in meeting the needs of those with kidney disease or at risk of developing kidney disease.

See next page

for Midwest Chronic Kidney Disease Position Paper on GFR Reporting by Laboratories

MIDWEST CHRONIC KIDNEY DISEASE COALITION POSITION PAPER ON GFR REPORTING BY LABORATORIES

Use of a prediction equation to estimate glomerular filtration rate (GFR) from serum creatinine is useful and should be employed for people with chronic kidney disease (CKD) and those at risk for CKD (diabetes, hypertension, and family history of kidney failure). This is a recommendation of the National Kidney Disease Education Program (NKDEP) of the NIH and the Kidney Disease Outcomes Quality Initiative (KDOQI) of the National Kidney Foundation, and is the method referenced for definition of CKD in the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC7) of the NIH. All recommend the MDRD equation for adults. NKDEP and KDOQI advocate routine reporting by laboratories of GFR estimates with serum creatinine. Indeed, several health systems have begun this practice. The CKD Coalition strongly endorses this position and recommends that all laboratories report the MDRD GFR with every serum creatinine determination. Indeed, it is the position of the CKD Coalition that reporting the serum creatinine alone is at best incomplete data and may even give misleading information that could negatively affect patient care primarily through a failure to recognize significant chronic kidney disease in patients at stages when intervention can have significant benefits in reducing the risk of subsequent end stage renal disease.

The primary reasons for these recommendations are:

- **GFR and creatinine clearance are poorly inferred from the serum creatinine alone.** This is mainly because these are related inversely (non-linearly) to serum creatinine and the effects of age and sex and, to a lesser extent race, on creatinine production further cloud interpretation.
- **Creatinine is more often measured than urinary albumin in practice.** At present, adherence to guidelines for annual urinary albumin testing in diabetes is poor. Serum creatinine is more often measured than urinary albumin and if a depressed GFR is noted, the provider must confront CKD even if at a later stage than microalbuminuria.
- **Measurement of kidney function (GFR or creatinine clearance) is essential once albuminuria is discovered.**
- **The MDRD equation is the most thoroughly validated equation.** Further validation is under way in more groups, for example in people with normal GFR, those with diabetes and Hispanics. At the present time, the MDRD GFR equation is not validated for and should not be routinely used in children under the age of 18. Validation is underway and pediatric recommendations will be forthcoming.
- **The equation is superior to other methods of approximating GFR.** Direct comparison of the MDRD equation to other equations such as Cockcroft–Gault and even 24-hour urine collections have proven this superiority.
- **Nephrology specialists routinely use an estimating equation now.** The routine lab limits of normal for serum creatinine are so crude that specialists either explicitly apply an equation or, based on experience, estimate GFR. Primary care providers and other specialists should have that advantage.
- **The MDRD equation does not require weight as a variable.** The equation yields a GFR normalized to 1.73 m2 body surface area. It is true that most laboratory information systems do not include race. The result should be reported as X if non-African American and Y if African American. The user, patient or provider, can decide which is appropriate. The difference between races is not large anyway, about 15%. A calculator is available at http://www.nkdep.nih.gov/GFR-cal-adult.htm. However, routine reporting of estimated GFR along with serum creatinine is highly desirable. As the NKDEP Laboratory Working Group establishes better standardization materials for the creatinine and the trueness of the assay in the lower range improves, routine reporting of values for children, using an appropriate estimating equation, is antici pated.

The CKD coalition recommends the following guidelines for laboratories to use in reporting the MDRD GFR:

- **GFR value reporting**
  For GFR values above 60ml/minute report ">60ml/min."
  For GFR values below 60ml/minute report the exact number from the equation
- **Race**
  Report values for both "if African-American" and "if non-African-American"
- **Pediatrics**
  Append report "not validated in Pediatric patients"

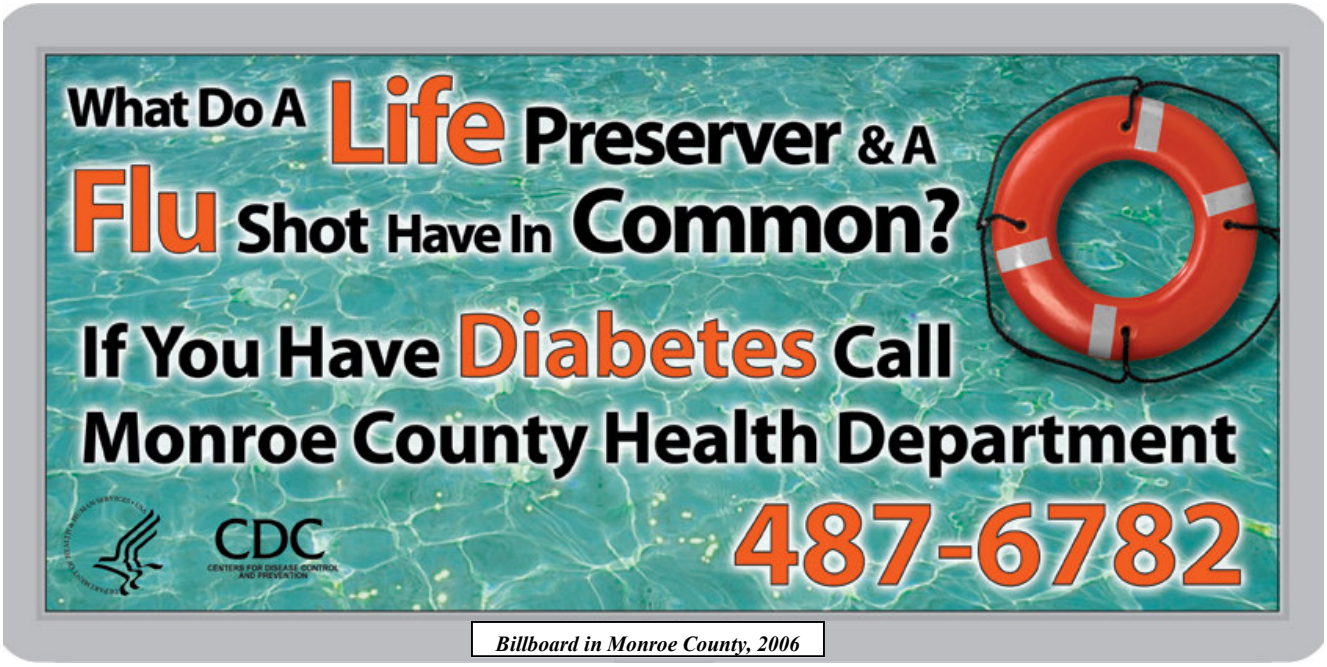
Examples:

Serum creatinine 1.2 in an 80 year old woman. Laboratory report should state: GFR = 56mL/min/1.73m^2 if African-American;
GFR = 46mL/min/1.73 m^2 if non-African-American

Serum creatinine 1.3 in a 30 year old man. Laboratory report should state: GFR >60mL/min/1.73m^2 if African-American;
GFR = 51 mL/min/1.73m^2 if non-African-American

References available upon request.

Monroe County Health Department Focuses Billboard on Efforts to Increase Flu Immunizations in Diabetes



Billboard in Monroe County, 2006

AADE Awards and Scholarship Applications Now Available

Applications are now available for the American Association of Diabetes Educators (AADE's) Association Awards and AADE's Education and Research Foundation Scholarships. Don't miss your chance to nominate yourself or a fellow educator.

If you or someone you know has developed an exceptional patient education tool, you should consider nominating him/her for the **Allene Van Son** or the **Nutrition Education Award**. For educators who have excelled in diabetes camp education or advocating for diabetes education issues, the **Diabetes Camp Educator Award** and the **Legislative Leadership Award**, respectively, serve to recognize those accomplishments.

The **Distinguished Service Award** is reserved for those who have dedicated an outstanding amount of time, energy, and service to AADE. Special contributions to the field through innovation and sensitivity in patient care, are recognized by the **Diabetes Educator of the Year** Award.

AADE also recognizes the vital role of chapters and bestows **Outstanding Chapter of the Year** Awards on chapters who have taken the lead in diabetes education in their communities and have supported the goals of national AADE.

AADE 2007 Scholarship Applications Now Available
Each year the AADE Education and Research Foundation awards scholarships for members to attend the AADE Annual Meeting, AADE Core Concepts or AADE Webinars. General scholarships make up the majority of awards, but the AADE Foundation also offers specialty scholarships for the Annual Meeting defined by specific criteria:

- Julie Betschart Scholarship recognizes a pediatric educator or someone who has experience/interest in exercise physiology.
- Anthem BC/BS Scholarship recognizes members who use internet resources or web-based diabetes management tools in their practice, and reside in one of these states: California, Colorado, Connecticut, Georgia, Indiana, **Kentucky**, Maine, Missouri, Nevada, New York New Hampshire, Ohio, Virginia or Wisconsin.
- Suzanne S. Laws Scholarship recognizes a Registered Dietician who is a resident of Florida, and/or is involved in community diabetes education.

Completed applications must be submitted electronically no later than March 1, 2007. Scholarships will be awarded after June 1, 2007. Applications are available online in the AADE Member Center under "AADE Awards and Scholarships".

Questions? Please email mlechowicz@aadenet.org with questions about the applications. If you have need assistance logging-in, please email aade@aadenet.org.

FDA Issues Nationwide Alert on Counterfeit One Touch Basic/ Profile and One Touch Ultra Blood Glucose Test Strips

Source: Food and Drug Administration

The U.S. Food and Drug Administration (FDA) is alerting the public to counterfeit blood glucose test strips being sold in the United States for use with various models of LifeScan, Inc., One Touch Brand Blood Glucose Monitors used by people with diabetes to measure their blood glucose.

The counterfeit test strips potentially could give incorrect blood glucose values--either too high or too low--which might result in a patient taking either too much or too little insulin and lead to serious injury or death. No injuries have been reported to FDA to date.

The counterfeit test strips are:
- One Touch Basic®/Profile® (lot #272894A, 2619932 or 2606340) test strips; and
- One Touch Ultra® (lot #2691191) test strips.

Consumers who have the counterfeit test strips should stop using them, replace them immediately and contact their physician. Consumers with questions may contact the company at 1-866-621-4855.

The counterfeit test strips were distributed to pharmacies and stores nationwide--but primarily in Ohio, New York, Florida, Maryland and Missouri--by Medical Plastic Devices, Inc., Quebec, Canada and Champion Sales, Inc., Brooklyn, N.Y.

The counterfeit test strips can be identified by the following characteristics:

Counterfeit One Touch Basic/Profile Test Strips
- Lot Numbers 272894A, 2619932 or 2606340
- Multiple Languages- English, Greek and Portuguese text on the outer carton
- Limited to 50-Count One Touch (Basic/Profile) Test Strip packages

Counterfeit One Touch Ultra Test Strips
- Lot Number 2691191
- Multiple Languages- English and French text on the outer carton
- Limited to 50-Count One Touch Ultra Test Strip packages

LifeScan alerted FDA of the counterfeit test strips. The agency is investigating the matter.

LifeScan is alerting the public via a press release and is notifying pharmacists, distributors, and wholesalers through a letter. In its letter, the company is advising customers to contact their original source of supply for restitution. For more information, visit: www.GenuineOneTouch.com.
FDA is alerting its Counterfeit Alert Network partners, a coalition of healthcare professional, consumer and trade associations, who have agreed to further disseminate this important information.

Any adverse reactions experienced with the use of this product, and/or quality problems should also be reported to the FDA's MedWatch Program by phone at 1-800-FDA-1088, by fax at 1-800-FDA-0178, by mail at MedWatch, HF-2, FDA, 5600 Fishers Lane, Rockville, MD, 20852-9787, or through the MedWatch Web site at www.fda.gov/medwatch.

FDA Approves New Treatment for Diabetes—Januvia

Source: Food and Drug Administration

On Tuesday, October 17, 2006, the Food and Drug Administration (FDA) announced the approval of Januvia (sitagliptin phosphate) Tablets, the first diabetes treatment approved in a new class of drugs known as DPP-4 inhibitors. DPP-4 inhibitors enhance the body's own ability to lower elevated blood sugar. FDA approved Januvia for use in addition to diet and exercise to improve blood sugar levels in patients with type 2 diabetes, alone or in combination with two other commonly prescribed oral diabetes medications — metformin or a PPAR (peroxisome proliferator-activated receptor gamma) agonist.

"For the millions of Americans with type 2 diabetes, who continue to have inadequate blood sugar control, the approval of Januvia marks an important advance in the fight against diabetes," said Dr. Steven Galson, Director of FDA's Center for Drug Evaluation and Research. "We now have another new option that treats the disease in an entirely new way that can be added to existing treatment regimens to help patients gain more control over their blood sugar levels."

Januvia prolongs the activity of proteins that increase the release of insulin after blood sugar rises, such as after a meal. Januvia does this by blocking an enzyme (dipeptidyl peptidase IV or DPP-IV) which breaks down these proteins, leading to better blood sugar control.

Januvia was examined in a total of 2,719 patients with type 2 diabetes, in studies lasting from 12 weeks to more than a year. These studies demonstrated improved blood sugar control when Januvia was used alone or in patients not satisfactorily managed with metformin or a PPAR agonist. The most common side effects in clinical studies were upper respiratory tract infection, sore throat, and diarrhea.

Januvia is manufactured by Merck and Co., Inc., Whitehouse Station, N.J.

FDA Media Inquiries:
Laura Alvey
301-827-6242

FDA Consumer Inquiries:
888-INFO-FDA

National "Hot Button" Diabetes Issues

Submitted by: Stewart Perry, Lexington KY, National Vice Chair of the American Diabetes Association (ADA) Board Elect, KDN Member

H.R. 810 —The Stem Cell Research Enhancement Act

Earlier this summer, after successful advocacy helped to pass the Stem Cell Research Enhancement Act (H.R. 810), President Bush vetoed the bill. This important legislation would have expanded the number of stem cell lines that are eligible for federally funded research while also implementing strong ethical guidelines to improve federal oversight. Unfortunately, the U.S. House of Representatives fell short in the effort to override the President's veto on H.R. 810.

While President Bush's decision to veto H.R. 810 is a devastating setback for Americans who are affected by diabetes and other debilitating diseases, the fight to expand the search for a cure and better treatments for diabetes is not over. The sponsors of H.R. 810 are expected to reintroduce the legislation at the start of next session. **In the mean time, there is still plenty to talk about!** Please keep the momentum strong by continuing to educate members of Congress, family and friends on how embryonic stem cells provide for the most promising stem cell research to truly help move ahead to end the suffering of patients and their families. For the most up-to-date information on this issue, please visit ADA's Stem Cell Resource Page at http://www.diabetes.org/advocacy-action-center/stem-cell-legislation.jsp.

Health Insurance Issues
S. 1955/Association Health Plans (AHPs)

ADA's campaign to protect health insurance for Americans with diabetes has been pretty quiet since diabetes advocates came together in May to stop S. 1955, the dangerous Senate legislation which would have not only ended the guarantee of health insurance coverage for diabetes in 46 states, but would have also made it difficult for people with diabetes to keep or obtain any type of health insurance coverage. Please stay tuned because there could be further activity in the Senate and/or the House on this issue. For more information, go to http://www.diabetes.org/advocacy-and-legalresources/federal-legislation/assochealthplan.jsp.

Federal Funding for Diabetes
Research and Prevention Programs

As you know, federal funding for diabetes research and outreach through the Division of Diabetes Translation (DDT) at the Centers for Disease Control and Prevention was cut by approximately $300,000 in the last federal health funding bill. This year, the funding bill has not yet had a vote in either the full House or the full Senate, but both bills have passed their respective full committees. **Thanks to your hard work, the House version contains a $5.8 million increase for DDT, while the Senate increase is $2.2 million!** It's a great start, but this is just round one for diabetes funding this year.

Unfortunately, the Administration budget also proposed a cut of more than $10 million for the National Institute of Diabetes, Digestive and Kidney diseases (NIDDK) at the National Institutes of Health (NIH). While the House budget matched this cut, the Senate not only refused to cut NIDDK, but also increased it by $2.8 million.

It is vital that we let Congress know that the higher numbers must be agreed upon and sent to the President. While any increase at DDT is helpful, Congress has to demonstrate that it is serious about addressing the inequality between the diabetes epidemic and the federal investment to fight and prevent the disease. For NIDDK, we must continue to fight for the increase that is in the Senate bill, so that diabetes researchers will be able to continue their vital work. You may remember that last year Congress passed a last-minute change that cut all of the public health programs by one percent reducing overall diabetes funding for the first time ever while the disease keeps growing. We have to continue to work together to make sure this does not happen again. Now that the election is over, we are expecting to hear soon whether Congress will take up this important funding bill in the coming week, or put it off until early next year, so stay tuned!

Baretta Casey, MD Takes Office as President of the Kentucky Medical Association!

Baretta Casey, MD, FAAFP, long time diabetes advocate and current Chair of the Kentucky Diabetes Research Board, recently took office as the new Kentucky Medical Association President.

Congratulations Dr. Casey!!

THE JDRF ARTIFICIAL PANCREAS PROJECT

Submitted by: ***Twynette Davidson, Executive Director, Kentuckiana Chapter of the Juvenile Diabetes Research Foundation International, KDN Board Member***

The Juvenile Diabetes Research Foundation (JDRF) has launched a new initiative to help accelerate the availability of an artificial pancreas to people with diabetes - one of the foundation's six cure therapeutic pathways. The overall goal of the project is to accelerate the development, regulatory approval, and acceptance of continuous glucose monitoring and artificial pancreas technology.

Currently, JDRF's role in driving this initiative consists of 1) funding independent research to evaluate the outcomes of patients using these technologies; 2) engaging in an active dialogue with the FDA to help speed the adoption of patient-outcome-oriented standards; 3) advocating for Medicare and private health plan coverage of these technologies to enable widespread usage; and 4) working with the medical community to ensure clinical acceptance of these technologies. Ultimately, the goal is for broad patient access and a thriving competitive market for these devices and products.

Why We Need an Artificial Pancreas:

An artificial pancreas is a mechanical system that will integrate a real-time glucose sensor and an insulin delivery system. This technology will enable a person with diabetes to maintain normal blood sugar by automatically providing the right amount of insulin at the right time, just as the pancreas does in people without the disease. Furthermore, an artificial pancreas could potentially revolutionize diabetes care and management, significantly improving the ability of people with diabetes to maintain strict blood sugar control, and – as a direct result – helping reduce kidney disease, heart attacks and stroke, amputations, blindness, and death from severe hypoglycemia.

Extensive research shows that blood sugar control is the primary factor in avoiding the devastating complications of diabetes. Often blood sugar levels are too high (hyperglycemia), which leads to complications such as blindness, kidney failure, heart attacks and amputations. Blood sugar levels that are too low (hypoglycemia) can lead to hospitalization, car accidents, and other serious problems.

The statistics are ominous:

- Diabetes is the **leading cause of kidney failure**.
- Adults with diabetes **have heart disease death rates that are two to four times higher than adults without diabetes**. The risk for stroke is also two to four times higher.
- Diabetes is the **leading cause of adult blindness**, due mainly to diabetic retinopathy.
- More than 60 percent of people with diabetes have mild to severe forms of nervous system damage. The disease causes more than 60 percent of non-traumatic lower-limb amputations.

Clinical research shows that most people with diabetes are not controlling blood sugar levels nearly well enough. A 2005 study showed that even vigilant patients who check blood sugar levels frequently spent less than 30 percent of the day in the normal range. The risk of complications – and the economic burden placed on our health care system – could be significantly lowered with devices that improve blood sugar control.

The development of an artificial pancreas is a critical component of JDRF's complementary approaches to new treatments and cures for diabetes. Not only could an artificial pancreas alleviate the threat of diabetes-related complications, by facilitating strict blood sugar control, it could also contribute to JDRF's other cure therapeutic pathways. For instance, islet transplant recipients could benefit from the use of an artificial pancreas in order to establish normal blood sugar levels prior to the transplantation. Following islet transplantation, a significant number of the transplanted cells die. There are a number of suspected reasons for this reduction in cells, but one of them is thought to be the toxicity of hyperglycemia. The establishment of consistently normal blood sugar levels by an artificial pancreas could prove to be a better environment in which to transplant the islets and therefore lead to improved patient outcomes.

New-onset patients could also benefit from such a device. There is already evidence that an artificial pancreas might extend the "honeymoon" period in new-onset diabetes. Research using the Biostator demonstrated some preservation of beta cell function. Beta cell regeneration is one of many avenues to reestablishing normal blood sugar control, and an artificial pancreas might help the regeneration process. Researchers consider an artificial pancreas the bridge to the biological cure—it will have a major impact on people with diabetes while solutions for beta cell regeneration, islet cell transplantation, or an islet supply are developed.

The JDRF Artificial Pancreas Project – JDRF-funded Research:

JDRF has just announced funding leading researchers from around the world to assess new diabetes technologies and help accelerate their availability for patients. The first year's funding for this multi-year research program exceeds $5.5 million. These grants will quantify the benefits of technology-enabled glucose control, and take a big step towards an artificial pancreas. The research includes a multi-center **Continuous Glucose Sensor Human Clinical Trial** and the **Artificial Pancreas Consortium.**

Though JDRF is funding this research independently, it is working with government agencies to accelerate the

availability of these technologies to people with diabetes. In the last six months, 68 U.S. Senators and 244 U.S. Representatives signed a letter highlighting the promise of these technologies, the U.S. Food and Drug Administration said an artificial pancreas "could revolutionize diabetes care and management" and included it on its "Critical Path Opportunities List," and the U.S. Centers for Medicare and Medicaid Services held an expert panel to advise on future research using these technologies in the Medicare population. JDRF commends this leadership by the Congress and the Department of Health and Human Services regarding this emerging technology.

Continuous Glucose Sensor Clinical Trial:

This large, multi-site clinical trial will compare health outcomes -- such as HbA1c levels and avoidance of hypoglycemia -- of people who use continuous glucose sensors to those who do not, to quantify the benefits of these devices. The trial will enroll both children and adults with type 1 diabetes and will collect data to assess the economic costs and benefits of sensor use over the next 12 months.

The Continuous Glucose Sensor Human Clinical Trial will invite nine research centers each using the same clinical protocol. These sites will test the effectiveness of sensors in various populations (including children and adults of various ethnic and socioeconomic groups) and different health care settings (including specialty diabetes care, managed care, and publicly funded clinics). The trial will specifically investigate whether continuous glucose sensors have a direct impact on better glycemic control, reduced HbA1c levels, and hypoglycemia. But it will also explore the impact of sensors on other aspects of diabetes care, such as quality of life issues, for the children using the devices, as well as their parents.

The selected researchers include:

- Bruce Buckingham, M.D., Stanford University, Stanford, CA
- Peter Chase, M.D., University of Colorado, Barbara Davis Center, Aurora, CO
- Irl Hirsch M.D., University of Washington, Seattle, WA
- Lori Laffel, M.D., Joslin Diabetes Center, Boston, MA
- Jean M. Lawrence, Sc.D., M.P.H., Kaiser Permanente Southern California, Pasadena, CA
- Anne Peters, M.D., Roybal Community Health Center/ U. Southern Calif., Los Angeles, CA
- William Tamborlane, M.D, Yale University, New Haven, CT
- Eva Tsalikian, M.D., University of Iowa, Iowa City, IA
- Howard Wolpert, M.D., Joslin Diabetes Center, Boston, MA
- Tim Wysocki, Ph.D., Nemours Children's Clinic, Jacksonville, FL

Artificial Pancreas Consortium

The Artificial Pancreas Consortium will aim to speed and optimize the process of linking continuous glucose sensors and insulin pumps, including the development of various computer "algorithms" to communicate between the two devices. This team will also investigate the safety and efficiency of the technology such as whether insulin pumps can be shut off automatically during potentially severe hypoglycemic episodes. Studies will include children and adults with type 1 diabetes. While the initial research will take place in hospital based clinical settings, the goal of the initiative is to eventually test artificial pancreas systems in every day life settings such as home or school. Researchers include:

- Bruce Buckingham, M.D., Stanford University, Stanford, CA
- Peter Chase, M.D., University of Colorado, Barbara Davis Center, Aurora, CO
- Roman Hovorka, Ph.D., Cambridge University, Cambridge, England, UK
- Lois Jovanovic, M.D., Sansum Diabetes Research Institute, Santa Barbara, CA
- Boris Kovatchev, Ph.D., University of Virginia, Charlottesville, VA
- Stuart Weinzimer, M.D., Yale University, New Haven, CT

The JDRF Artificial Pancreas Project – JDRF's Advocacy Role:

To make the artificial pancreas a reality, JDRF has initiated an aggressive campaign to speed the regulatory approval and health insurance coverage of these treatments and devices. As part of this effort, JDRF plans to seek approval and coverage for continuous glucose monitors, while laying the groundwork for an artificial pancreas. JDRF is engaged in a range of advocacy efforts across many fronts:

- Advocating for private health plan coverage of these technologies.

- Working with the Food and Drug Administration, the Centers for Medicare and Medicaid Services, the Department of Health and Human Services, and Congress to speed regulatory approval and encourage Medicare coverage for these technologies.
- Working to enhance awareness among medical practitioners who treat people with type 1 diabetes, to ensure that they and their patients will accept and use these new technologies.

JUVENILE DIABETES RESEARCH FOUNDATION (JDRF) CONDUCT SUCCESSFUL DIABETES WALKS IN LOUISVILLE AND LEXINGTON!!

Submitted by: ***Twynette Davidson, Executive Director, Kentuckiana Chapter of the Juvenile Diabetes Research Foundation International, KDN Board Member***

An estimated 4,000 walkers turned out under a perfect autumn sky on September 16th and raised an estimated $700,000 for critical research in the search for a cure for type 1 (formerly juvenile) diabetes in the Kentuckiana Chapter of the Juvenile Diabetes Research Foundation International's ("JDRF") 20th annual Greater Louisville Walk To Cure Diabetes at Bowman Field/Seneca Park.

The $700,000 raised by family, school, neighborhood and corporate Walk Teams – which included a team of more than 500 walkers from Louisville's two Ford Motor Company plants and United Auto Workers Local 862 – is a preliminary figure and the fundraising total could grow as additional donations arrive at the Kentuckiana JDRF chapter office in Louisville.

The ***Greater Louisville Walk To Cure Diabetes***, the region's largest fundraising walk, was originally launched in 1987 when 50 walkers raised more than $15,000 for diabetes research. It is now the Kentuckiana Chapter's largest annual fundraising event. Its 2005 renewal attracted more than 3,000 participants and raised more than $650,000 for the search for a cure for diabetes.

Presenting sponsors for the ***20th Greater Louisville Walk To Cure Diabetes*** were the Ford Motor Company's two Louisville plants – the Kentucky Truck Plant and the Louisville Assembly Plant – and McDonald's of Kentuckiana. The Ford plant managers – Todd Bryant of the Kentucky Truck Plant and Joe Bobnar of the Louisville Assembly Plant – served as corporate chairs for the Walk.

The Greater Louisville event was the first of the two JDRF fundraising walks held each year in Kentucky. The ***Bluegrass Region Walk To Cure Diabetes*** was held Saturday, September 30th, at Jacobson Park in Lexington, Ky.

Although the morning of September 30th began overcast, the sun finally come out and an estimated 500 people joined together at Jacobson Park to raise over $140,000 (a preliminary figure that could increase as donations continue to be received) for diabetes research!

The presenting sponsor of the fifth annual ***Bluegrass Region Walk to Cure Diabetes*** was W. T. Young, LLC. Bob Skaggs, Director of Sales for CHA Health/Humana served as the Corporate Chair of the Walk.

These "Walks" are two of more than 200 JDRF Walks scheduled across the nation this year. Those walks will attract participation by more than 500,000 people.

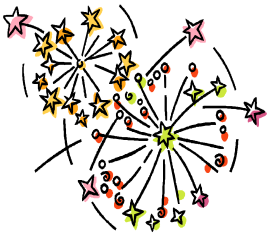
JDRF, the leading charitable funder and advocate of diabetes research worldwide, was founded in 1970 by the parents of children with juvenile diabetes – a disease which strikes children and adults suddenly, makes them insulin-dependent for life, and carries the constant threat of devastating complications. Since its inception, JDRF has provided more than $1 billion in direct funding to diabetes research. More than 80 percent of JDRF's expenditures directly support research and research-related education. JDRF's mission is constant: to find a cure for diabetes and its complications through the support of research. For more information, visit the JDRF web site at www.jdrf.org or call 866-485-9397 or (502) 485-9397.

The JDRF's Bluegrass Region Walk To Cure Diabetes (Lexington)

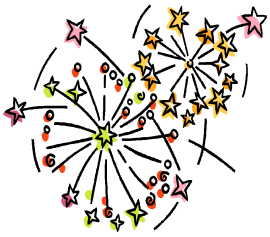
The JDRF's Greater Louisville Walk to Cure Diabetes at Bowman Field/Seneca Park

Diabetes Day at the Capitol

Save This Date!



February 27, 2007



Who should come?

Anyone interested in the prevention or control of diabetes in Kentucky

What?

A diabetes day to visit our legislators to thank them for previous years of diabetes support and funding as well as discuss current Kentucky diabetes concerns.

When?

—February 27, 2007

8:00 am	**—Registration —Capitol Annex Room 125**
8:30-10:00 am	**—Skills Training for Rally**
10:00-11:00 am	**—Rally in the Capitol Rotunda**
11:00 am	**—Meetings with Legislators**

Where?

At the Capitol Annex Room 125 in Frankfort, Kentucky

For More Information:

Contact Deborah Fillman at (270) 852-5581

Sponsored by:

The Kentucky Diabetes Network (KDN) and partners including the American Diabetes Association and the Juvenile Diabetes Research Foundation.

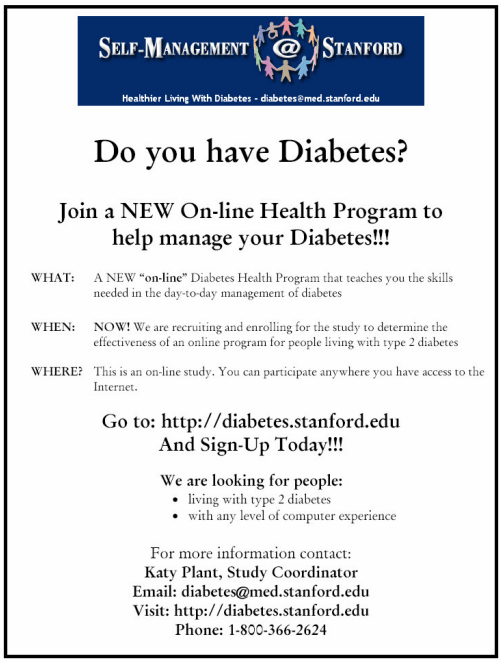
GREAT OPPORTUNITY FOR ON-LINE DIABETES SELF-MANAGEMENT!

Submitted by: Karen Newton, University of Louisville, Chronic Disease

As principle investigator, Dr. Kate Lorig, Professor, Stanford School of Medicine, is pleased to announce information regarding a Robert Wood Johnson and National Institutes of Health online diabetes program and study called *Healthier Living with Diabetes* --- and Dr. Lorig requests your assistance in helping recruit Kentuckians with type 2 diabetes for this important study.

The *Healthier Living with Diabetes* program is a 6 week, highly-interactive, online small-group workshop. The study is open to adults living in **the United States** with type 2 diabetes. The *Healthier Living with Diabetes* workshop is the online version of the community-based Diabetes Self-Management Program which is currently being tested in English and Spanish. For a detailed study description, go to http://patienteducation.stanford.edu/diabetes.html.

You can help with recruitment by distributing flyers. Flyer samples can be found at http://patienteducation.stanford.edu/DiabetesOnlineFlyer.pdf. Stanford is able to give aggregated data to organizations who can help recruit 30 or more people into the study! Call 1-800-366-2624 toll-free and speak with Katy Plant or Valarie Jernigan for more information.



JUSTIN HARRIS FROM LEXINGTON, KY CHOSEN AS THE NATIONAL AMERICAN DIABETES ASSOCIATION'S YOUTH ADVOCATE!

Submitted by: Lisa Edwards, KY office of the American Diabetes Association, KDN Member

The American Diabetes Association (ADA) is honored to announce that Justin Harris, 15, of Lexington, KY has been chosen as the Association's 2006-2007 National Youth Advocate. Justin will begin this role after the November 18, 2006 American Diabetes Association Annual Meeting.

"Justin is a smart, tenacious young man and he is going to make a huge impact as the ADA's National Youth Advocate," said Stewart Perry, former Chair of the ADA's National Advocacy Committee. "His passion and commitment to finding a cure for diabetes will help improve the lives of adults and children alike who live with this disease."

As the American Diabetes Association's National Youth Advocate, Justin will serve as a spokesperson for the ADA by meeting policy makers, promoting increased funding for diabetes research and programs, and visiting ADA-sponsored diabetes summer camps to encourage other young people to become involved in the fight against diabetes.

As National Youth Advocate, Justin hopes to get more Americans involved in the fight against diabetes and increase federal funding of diabetes research. He wants to assure those who are living with the disease, as well as those who are not, that there is hope for a cure and there is much they can do to help the cause.

"I want other kids and adults with diabetes to know that they do not have to sit back and wait for a cure. They can write their members of Congress or participate in community events and hold their heads up knowing that they are part of the fight." said Justin.

Justin Harris is a freshman at Lexington Christian Academy. He was diagnosed at age 6 with type 1 diabetes. Justin was chosen as the 2007 National Youth Advocate based on his enthusiasm and commitment to reach out and educate others about diabetes.

Justin Harris, National Youth Advocate for the American Diabetes Association

Three Educators from Kentucky Receive American Association of Diabetes Educators (AADE) Allene Von Son Awards at National Meeting

The American Association of Diabetes Educators (AADE) gives the Allene Von Son Awards in recognition of diabetes educators who have developed original, outstanding and effective diabetes education tools. A total of three $500 gifts and commemorative plaques are awarded each year in honor of Allene Von Son, AADE's first president.

This year at the annual AADE meeting held in August in Los Angeles, three educators from Kentucky, *Dawn Fraze, RN, BSN, CDE, Paula White MS, RD, LD and Kathleen Stanley CDE, RD, LD, MSEd, BC-ADM,* were honored with this prestigious recognition. The awards are as follows:

Category I Award– Audiovisual Educational Tools
The 2006 winners for Category I were *Paula Hughes White MS, RD, LD*, and *Dawn Fraze RN, BSN, CDE*, who both work for the Kentucky Diabetes Prevention and Control Program with the Lincoln Trail and Cumberland Valley District Health Departments respectively. Their submission, *Being Prepared for a Disaster: When You Have Diabetes,* includes a power point presentation that allows users to:

- Prepare a family communication plan
- Assemble a family emergency preparedness kit including supplies specific to diabetes
- Identify guidelines to help protect health
- Be informed about available resources.

Dawn and Paula donated their award of $500 to the Kentucky Diabetes Network (KDN).

Educators interested in obtaining a copy of the presentation can contact either Dawn Fraze at dawns.fraze@ky.gov or Paula White at paulah.white@ky.gov.

Category II Award – Printed Educational Tools
The 2006 recipient for Category II was *Kathleen Stanley, CDE, RD, LD, MSEd, BC-ADM*, for her development of a booklet appropriate for participants in a gestational diabetes educational class, regardless of what treatment was ordered by the OB/GYN. Kathleen's booklet was developed using a variety of resources, and was written and reviewed by registered nurses, OB/GYN physicians, CDEs, pharmacists and registered dietitians.

Dawn Fraze (left) and Paula White (right), Recipients of the 2006 Category I Allene Von Son National Award

CONGRATULATIONS TO DAWN, PAULA, AND KATHLEEN FOR BEING RECOGNIZED FOR THEIR INNOVATIVE EFFORTS IN DIABETES EDUCATION!!

Kathleen Stanley recipient of the 2006 Category II Allene Von Son National Award (Photo Unavailable)

Estill County Diabetes Partners Receive Grant through the Appalachian Regional Commission

Estill County Diabetes Partners pictured left to right: Kristy Bledsoe-Estill Co. Health Department; Susan Starling- Marcum & Wallace Memorial Hospital; Courtney Wilson- Foothills CAP; Donna Alcorn - Interfaith Wellness; Stacye Woolery- Family Resource Director; Clarice Wolfinbarger- Estill Co. Extension Office; and April Stone - Foothills CAP.

GAME ON! FAMILY FUN FEST 2006: AN EVENT TO ENCOURAGE FAMILY ACTIVITY TO HELP PREVENT TYPE 2 DIABETES

Submitted by: ***Dawn Fraze, RN, BSN, CDE, Kentucky Diabetes Prevention and Control Program of the Lincoln Trail District Health Department, GLADE, KDN Member***

On Saturday, October 21st, the Grayson County Diabetes Coalition hosted Game On! Family Fun Fest 2006 at the James D. Beville Leitchfield City Park. The impetus for the coalition to provide such an event lies in the alarming trends that show double to triple increases in the rates of overweight in our children and teens. That rate is currently at over 15% according to the most recent Youth Behavior Risk Survey. What may be more alarming are the chronic diseases associated with being overweight such as heart disease and type 2 diabetes that are also on the rise in our children. According to the Kentucky Diabetes Prevention & Control Program, "These trends indicate a continued rise in diabetes prevalence and other associated problems unless drastic changes are made in the nutrition and exercise habits of children & adolescents."

The Game On! Family Fun Fest 2006 event was designed to do just that. It was targeted to children and families with the purpose of providing an opportunity to participate and learn about being healthy by eating well and being physically active in a fun family atmosphere. Approximately 120 participants attended throughout the three hour event.

During the first hour, children visited stations that included a hot air bouncy gym, an All Foods Fit Relay with the Grayson County Detention Center, and a Five Food Group Search & Rescue with the Grayson County Fire Department. At these stations the kids had a great time running, jumping, skipping, and just moving while learning about a variety of healthy foods from each of the five food groups: Grains, Vegetables, Fruits, Protein, & Dairy.

At the end of the second hour, the delightful Produce Woman greeted families that had gone on a Golden Shoe Hunt around the walking path. In total, 10 children found a golden shoe that they will be able to redeem at the Shoe Show for a free pair of tennis shoes.

Finally, during the last hour the Leitchfield Martial Arts students volunteered their time and skill through demonstration with a break-a-thon that led to over $700 raised for the diabetes coalition. These students are a great role model for their peers as they exemplify the discipline and commitment that we all should learn to lead healthier lives.

For more information about the Grayson County Diabetes Coalition, which meets the 4th Monday of every month, from 5:30- 6:30pm, at the Grayson County Cooperative Extension Office, please call Dawn Fraze RN, BSN, CDE, with Lincoln Trail District Health Department, at (270)-769-1601 or 1-800-280-1601 Ext. 129.

The Grayson County Diabetes Coalition would like to thank the following for their donated volunteer time, materials, and promotion of the event: K 105 & AM 870 The Moose, Grayson County Detention Center, Grayson County Cooperative Extension Office, Leitchfield Fire Department, Grayson County Health Department and Diabetes Program, Grayson County High School Beta Club, Leitchfield Martial Arts, Midway Pharmacy, Physical Therapy Solutions, Shoe Show, and Twin Lakes Regional Medical Center.

Game on! Fun Fest 2006 Participants sponsored by Grayson County Diabetes Coalition

National Institute of Diabetes, Digestive, and Kidney Diseases (NIDDK) Debuts Newly Designed Website

Submitted by: ***NATIONAL INSTITUTES OF HEALTH (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) http://www2.niddk.nih.gov/, For more information contact: NIDDK Press Office, 301-496-3583, niddkmedia@mail.nih.gov***

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) recently unveiled a new and improved website to offer researchers and people searching for health information more online information and resources in an easier-to-use format. "Our website is truly the public face of the NIDDK," said Acting NIDDK Director Griffin P. Rodgers, M.D. "It facilitates the conversation among biomedical researchers at our universities and small businesses, the American public, and the Institute. With this new website, we hope to invite greater participation and better serve our mission of improved health for the American people."

The website redesign features better navigation and more user-friendly functions. Users who visit http://www.niddk.nih.gov will now enjoy:

- new "Scientific Areas" sections that enable researchers to find funding areas and opportunities in their field of interest with up-to-the-minute information about special NIDDK initiatives, upcoming conferences, research resources, and NIDDK staff contacts
- easier navigation for finding information about the kind of science the NIDDK funds and instructions necessary for completing the grant application process
- a stable health education section for the public with consumer-focused information about diabetes, endocrine and metabolic diseases, weight control, nutrition, digestive diseases, kidney and urologic diseases, and some blood diseases along with statistics, links to additional resources, Spanish translations, and access to NIDDK publications.

The NIDDK, a component of the NIH, conducts and supports research in diabetes and other endocrine and metabolic diseases; digestive diseases, nutrition, and obesity; and kidney, urologic and hematologic diseases. Spanning the full spectrum of medicine and afflicting people of all ages and ethnic groups, these diseases encompass some of the most common, severe, and disabling conditions affecting Americans. For more information about NIDDK and its programs, see http://www.niddk.nih.gov.

The National Institutes of Health (NIH)--The Nation's Medical Research Agency--includes 27 Institutes and Centers and is a component of the U. S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments and cures for both common and rare diseases. For more information about NIH and its programs, visit http://www.nih.gov.

Daviess County Diabetes Coalition (DCDC) Receives Numerous Grants and Donations Including One for $75,000!!!

Daviess County Diabetes Coalition (DCDC) has recently been very successful in receiving grants and donations from various community groups. In fact, one grant received from Catholic Healthcare Partners' Mercy Outreach Program awarded $75,000 to DCDC for their patient assistance program!

In addition, DCDC Secretary Paul Puckett organized a golf outing in which the National Association of Insurance & Financial Advisors along with Sam's Club presented two checks to DCDC totaling $2,900.

WAY TO GO DAVIESS COUNTY DIABETES COALITION!

National Association Of Insurance And Financial Advisors & Sam's Club Present Checks To DCDC

Front row from left: Paul Puckett–DCDC Secretary, Brandi Ehlinger-Sam's Club, Cindy Mattingly-DCDC President-Elect, Brent Sorrells-Sam's Club.

Second row from left:, Matthew Williams-GRADSA, John Oberst-DCDC Treasurer, Paula Hayden-Allstate, Tim Wills-AIG American General.

American Association of Diabetes Educators (AADE) Offers Webinars To Assist Diabetes Educators in Learning – So Log On, Dial-up and Learn!

Submitted by: American Association of Diabetes Educators (AADE)

Time and money — now you can save both with AADE's new 90-minute webinar series! Presented by the experts in your field, these informative monthly seminars provide you and your co-workers with timely, in-depth knowledge on the latest trends and topics in diabetes education. Say good bye to expensive travel costs and the hassles of traveling out of town. For one low price, your entire staff can experience these exciting new webinars and receive CE credit from the comfort and convenience of your office.

Even if you don't have an internet connection, you can connect to the seminar by phone and follow a printed version of the presentation. Multiple people can participate and receive CE credit at no extra charge provided they are using the same computer and phone line. So bring your co-workers together for these informative webinars. For more information, visit http://www.diabeteseducator.org/ContinuingEducationCE/webinars.shtml .

Upcoming Webinars:

December 14:
"Promoting Behavior Change: Leading the Way Towards a Better Life"
Michael Goldstein, MD and Lois Maurer, MS, RD, LD, CDE

January 10:
"Dosing Strategies for Insulin and Oral Medications: Approaches that Work"
Virginia Valentine, CNS, BC-ADM, CDE

February 7:
"Let Glucose Be Your Guide! Understanding Continuous Glucose Monitoring"
Gary Scheiner, MS, CDE

AADE Annual Meeting Scheduled

AADE's Annual Meeting & Exhibition
August 1-4, 2007
St. Louis, Missouri

November is American Diabetes Month –- American Diabetes Association Offers Resources

Submitted by: Lisa Edwards, Kentucky American Diabetes Association Office, Lexington, KY

Nearly 21 million children and adults have diabetes in the United States, but one-third of them are unaware they have the disease. There are an additional 54 million Americans with pre-diabetes, whose blood glucose levels are higher than normal, but not high enough to be diagnosed with diabetes. This devastating disease is the leading cause of heart attacks, strokes, blindness and amputations.

As a community, we need to fight diabetes.

Every November, the American Diabetes Association (ADA) conducts its Diabetes Month campaign, an effort to raise awareness about the seriousness of diabetes and the need to prevent serious complications associated with the disease. This year, the American Diabetes Association is asking the people of Kentucky to join the fight against diabetes.

The ADA offers a variety of tools at www.diabetes.org or 1-800-342-2383 including:

- Articles that can be placed in (company/community/worship) newsletters
- Recipes that can be distributed in the lunchroom
- Camera-ready Public Service Announcements that can be displayed in public areas
- Useful resources, including tools to help with exercise and meal planning

Please help ADA spread the word and make a difference in diabetes!

Endocrinologists Meetings Scheduled

The Ohio Valley Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact: Dr. Vasti Broadstone, Phone: 812-949-5700 E-mail: joslin@FMHHS.com

Kentuckiana Endocrine Club meeting

Date: **November 30, 2006**
Time: **6:30 pm**
Location: **Equus Restaurant**
Louisville, KY
Topic: **Treatment of Pituitary Adenoma; Implications for Hormone Replacement Therapy**
Speaker: **Edward R. Laws, Jr., MD, FACS**
University of Virginia

TRADE Diabetes Educator Meetings Scheduled

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, meets quarterly from 11 – 2 pm CST with complimentary lunch and continuing education units. To register, call (270) 686-7747 ext. 5581.

Date: **January 18, 2007**
Title: **Differential Diagnosing in Painful Diabetic Feet**
Speaker: **Andrew Rader, DPM**
Location: **Memorial Hospital—Pavilion Classroom**
800 West 9th Street,
Jasper, IN
Time: **11:00 am-12:00 pm—Registration/Lunch/Demos**
12:00 pm-1:00 pm—Program
1:00 pm-2:00 pm—Business Meeting

Date: **April 19, 2007**
Title: **Diabetes: The Effect on the Eyes and Vision System**
Speaker: **Eric Weyer, OD**
Location: **Welborn Clinic**
421 Chestnut Street
Evansville, IN
Time: **11:00 am-12:00 pm -Registration/Lunch/Demos**
12:00 pm-1:00 pm—Program
1:00 pm-2:00 pm—Business Meeting

Date: **July 19, 2007**
Title: **Medical Management of Diabetes**
Speaker: **Raymond de la Rosa, MD**
Location: **To be Announced**
Murray, KY
Time: **11:00 am-12:00 pm -Registration/Lunch/Demos**
12:00 pm-1:00 pm—Program
1:00 pm-2:00 pm—Business Meeting

GLADE Diabetes Educator Meetings Scheduled

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the 2nd Tuesday every other month *(January, March, May, July, September, November, 2007)*. Registration required. Please register and direct questions to Dawn Fraze RN, BSN, CDE at 270-769-1601 ext. 129 or dawns.fraze@ky.gov.

***January 9, 2007 meeting information to be announced.**

Kentucky Diabetes Network (KDN) Meetings Scheduled

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in KY may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2007 meeting times are 10:00 am—3:00 pm EST

March 9	**Kentucky History Center, Frankfort**
June 8	**Spindletop, Lexington**
September 14	**Paraquet Conference Center, Shepherdsville**
November 2	**Baptist East Hospital, Louisville**

KADE Diabetes Educator Meetings Scheduled

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, contact:

Dana Graves
Phone: 859- 313-1282
E-mail: gravesdb@sjhlex.org

Laura Hieronymus
Phone: 859-223-4074
laurahieronymus@cs.com

DECA Diabetes Educator Meetings Scheduled

Diabetes Educators of the Cincinnati Area (DECA), which also covers Northern Kentucky. Anyone interested in diabetes is invited. Please contact Susan Roszel, corresponding secretary at sroszel@fuse.net or Jana McElroy at jmcelroy@stelizabeth.com or call 859-344-2496.

Date: **February 19, 2007**
Time: **5:30 pm**
Location: **Bethesda North Golder Room II**
Title: **Diabetes and Heart Disease**

Date: **March 19, 2007**
Time: **5:30 pm**
Location: **Good Samaritan Hospital Auditorium**
Title: **Diabetes Nerve Compression**

Date: **April 16 , 2007**
Time: **5:30 pm**
Location: **Good Samaritan Hospital Auditorium**
Title: **Diabetes and Family Issues**

Kentucky Diabetes Connection

Diabetes Day at the Capitol
February 27th 2007

Contact Information

American Diabetes Association.
Cure • Care • Commitment®
www.diabetes.org
1-888-DIABETES

TRADE
Tri-State Association of Diabetes Educators
www.aadenet.org/AboutAADE/Chapters.html

KDN
KENTUCKY DIABETES NETWORK, INC.
www.kentuckydiabetes.net

KENTUCKY ASSOCIATION of DIABETES EDUCATORS
KADE
Bluegrass/Eastern Chapter
www.kadenet.org

GLADE — Greater Louisville Association of Diabetes Educators — 1984
www.louisvillediabetes.org

KENTUCKY DIABETES PREVENTION AND CONTROL PROGRAM
KDPCP
www.chfs.ky.gov/dph/ach/diabetes

JDRF Juvenile Diabetes Research Foundation International
dedicated to finding a cure
www.jdrf.org/chapters/KY/Kentuckiana
1-866-485-9397

DEC CINCINNATI A
Diabetes Educators Cincinnati Area
www.aadenet.org/AboutAADE/Chapters.html

AACE American Association of Clinical Endocrinologists
Ohio Valley Chapter
www.aace.com

Kentuckiana Endocrine Club
joslin@fmhhs.com